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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 2985.7US (96-0770.07/US)

First Inventor Jerrold L. King

Title METHOD OF FORMING A STACK OF PACKAGED MEMORY DICE

Express Mail Label No. EV325770100US

| APPLICATION ELEMENTS | | ADDRESS TO: | | |
|--|---|--|-----------------------------------|----------------|
| See MPEP chapter 600 concerning utility patent application contents. | | | | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | | |
| 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> | | 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> | | |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 16] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure | | a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies | | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10] | | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | | |
| 5. Oath or Declaration [Total Pages 2] | | 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> | | |
| a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> | | 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | | |
| i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> | | 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations | | |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ | | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 10 / 154,549 Prior application information: Examiner D. Le Group / Art Unit: 2818 | | | | |
| For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | |
| 19. CORRESPONDENCE ADDRESS | | | | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | |  24247 PATENT TRADEMARK OFFICE | | |
| <input type="checkbox"/> Correspondence address below | | | | |
| Name | | | | |
| Address | | | | |
| City | State | Zip Code | | |
| Country | Telephone | Fax | | |
| Name (Print/Type) | James R. Duzan | | Registration No. (Attorney/Agent) | 28,393 |
| Signature |  | | Date | August 4, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 08/04/03

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

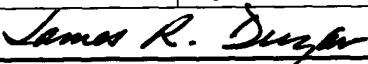
TOTAL AMOUNT OF PAYMENT (\$)

750.00

| Complete if Known | |
|----------------------|--------------------------|
| Application Number | Not yet assigned |
| Filing Date | August 4, 2003 |
| First Named Inventor | Jerrold L. King |
| Examiner Name | Unknown |
| Group / Art Unit | Unknown |
| Attorney Docket No. | 2985.7US (96-0770.07/US) |

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | |
|--|---------------------------------|--------------|----------------------------------|--|----------------------------------|-------------------------------------|----------|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: | | | | 3. ADDITIONAL FEES | | | |
| Deposit Account Number <input type="text" value="20-1469"/> | | | | Large Entity | Small Entity | | |
| Deposit Account Name <input type="text" value="TraskBritt"/> | | | | Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| The Commissioner is authorized to: (check all that apply) | | | | 1051 | 130 | 2051 | 65 |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | 1052 | 50 | 2052 | 25 |
| | | | | 1053 | 130 | 1053 | 130 |
| | | | | 1812 | 2,520 | 1812 | 2,520 |
| | | | | 1804 | 920* | 1804 | 920* |
| | | | | 1805 | 1,840* | 1805 | 1,840* |
| | | | | 1251 | 110 | 2251 | 55 |
| | | | | 1252 | 410 | 2252 | 205 |
| | | | | 1253 | 930 | 2253 | 465 |
| | | | | 1254 | 1,450 | 2254 | 725 |
| FEE CALCULATION | | | | 1255 | 1,970 | 2255 | 985 |
| 1. BASIC FILING FEE | | | | 1401 | 320 | 2401 | 160 |
| Large Entity | | Small Entity | | Fee Code | Fee (\$) | Fee Description | Fee Paid |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | |
| 1001 | 750 | 2001 | 375 | Utility filing fee | <input type="text" value="750"/> | | |
| 1002 | 330 | 2002 | 165 | Design filing fee | <input type="text"/> | | |
| 1003 | 520 | 2003 | 260 | Plant filing fee | <input type="text"/> | | |
| 1004 | 750 | 2004 | 375 | Reissue filing fee | <input type="text"/> | | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | <input type="text"/> | | |
| SUBTOTAL (1) | | | | <input type="text" value="(\$ 750)"/> | | | |
| 2. EXTRA CLAIM FEES | | | | 1256 | 1,970 | 2256 | 985 |
| Total Claims | <input type="text" value="13"/> | -20 ** | = <input type="text" value="0"/> | X <input type="text" value="18"/> | = <input type="text" value="0"/> | | |
| Independent Claims | <input type="text" value="3"/> | -3 ** | = <input type="text" value="0"/> | X <input type="text" value="84"/> | = <input type="text" value="0"/> | | |
| Multiple Dependent | | | | X <input type="text"/> | = <input type="text" value="0"/> | | |
| Large Entity | | | | Small Entity | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | <input type="text"/> | | |
| 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 | <input type="text"/> | | |
| 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid | <input type="text"/> | | |
| 1204 | 84 | 2204 | 42 | ** Reissue independent claims over original patent | <input type="text"/> | | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | <input type="text"/> | | |
| SUBTOTAL (2) | | | | <input type="text" value="(\$ 0)"/> | | | |
| Other fee (specify) _____ | | | | | | | |
| *Reduced by Basic Filing Fee Paid | | | | | | SUBTOTAL (3) | |
| | | | | | | <input type="text" value="(\$ 0)"/> | |

**or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY | | Complete (if applicable) | | | |
|-------------------|---|----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | James R. Duzan | Registration No. Attorney/Agent) | 28,393 | Telephone | 801-532-1922 |
| Signature |  | | | Date | August 4, 2003 |

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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